

09/882043

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>m. f.</i>		<i>10-20-01</i>
O.I.P.E. CLASSIFIER	<i>Am</i>		<i>5/1/01</i>
FORMALITY REVIEW	<i>Request</i>	<i>925</i>	<i>08-10-01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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10-612  
 2-10-01